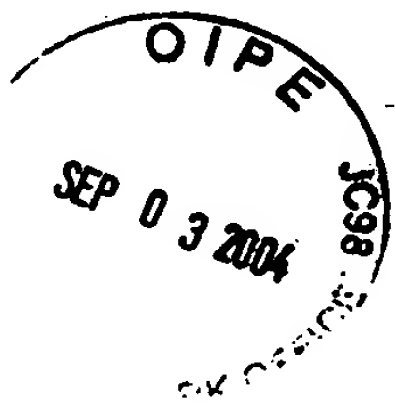


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket No. (Optional) 8733.497.00																					
	In re Application of      Joun Ho Lee																						
	Application Number 09/940,544		Filed August 29, 2001																				
	For:      IN PLANE SWITCHING MODE LIQUID CRYSTAL DISPLAY DEVICE AND METHOD FOR MANUFACTURING THE SAME																						
	Art Unit      2814	Examiner      S. H. Rao																					
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border: none;"><tr><td style="width: 15%;"><input type="checkbox"/></td><td style="width: 65%;">One month (37 CFR 1.17(a)(1))</td><td style="width: 20%; text-align: right;">\$</td><td style="width: 10%;"></td></tr><tr><td><input type="checkbox"/></td><td>Two months (37 CFR 1.17(a)(2))</td><td style="text-align: right;">\$</td><td></td></tr><tr><td><input checked="" type="checkbox"/></td><td>Three months (37 CFR 1.17(a)(3))</td><td style="text-align: right;">\$</td><td style="text-align: right;">950.00</td></tr><tr><td><input type="checkbox"/></td><td>Four months (37 CFR 1.17(a)(4))</td><td style="text-align: right;">\$</td><td></td></tr><tr><td><input type="checkbox"/></td><td>Five months (37 CFR 1.17(a)(5))</td><td style="text-align: right;">\$</td><td></td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number      50-0911</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the      <input type="checkbox"/> applicant/inventor.</p> <p>                 <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.    Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p>                 <input type="checkbox"/> attorney or agent of record. Registration Number      _____</p> <p>                 <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a).    Registration number if acting under 37 CFR 1.34(a)      53,005</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%;"><p>_____ September 3, 2004 Date</p><p>_____ (202) 496-7564 Telephone Number</p></div><div style="width: 45%; text-align: right;"><p>_____ <i>Valerie P. Hayes</i> Signature</p><p>_____ Valerie P. Hayes Typed or printed name</p></div></div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p>				<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$		<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$		<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$	950.00	<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$		<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$	
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$																					
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$																					
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$	950.00																				
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$																					
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$																					
<div style="display: flex; align-items: center;"><input type="checkbox"/> Total of      1      forms are submitted.</div>																							

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